

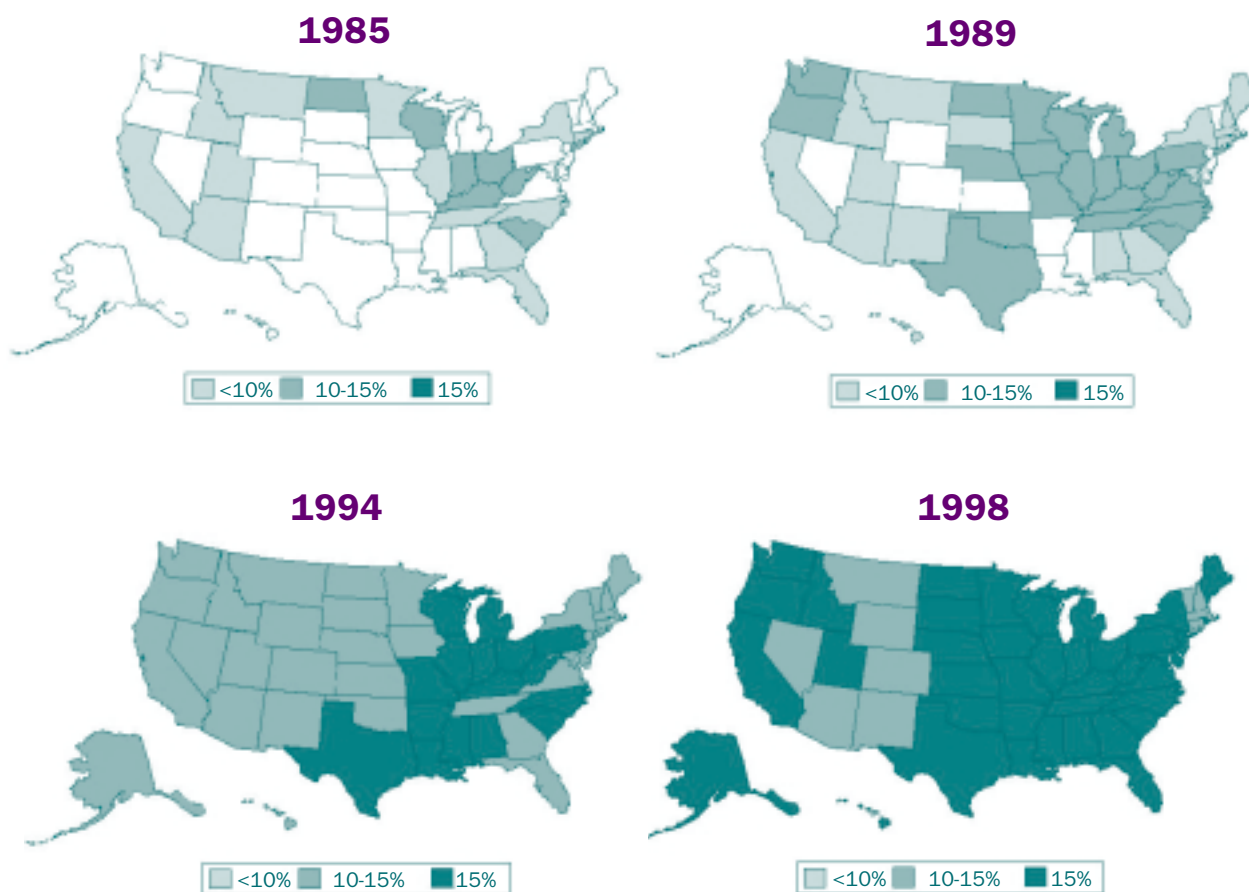
Child Nutrition

SCHOOL FOOD SERVICE EDITION

March, 2002 / Vol. 2, No. 1

A Call to Action

Prevalence of Obesity* Among U.S. Adults:
(approximately 30 pounds overweight)



These statistics are startling enough – but statistics for young people mirror these trends. The next several issues of this newsletter will help show how YOU can be part of reversing this unhealthy trend.

Source: Mokdad AH, et al. *J Am Med Assoc* 1999;282:16.

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► From the Director's Desk

Another Beginning

Over the last year and a half, the Child Nutrition Programs newsletter has focused on the Dietary Guidelines for Americans. In the next several newsletters we will focus on putting that information into action by creating the conditions for children to practice healthy eating behaviors. There is a growing body of evidence that Americans are facing serious health consequences in the future if we cannot reverse the trends in childhood obesity and poor diets. Schools and child care programs will not solve the problem single-handedly, but must be prepared to make contributions to changing the environment that has created these health problems.

In January Dr. James Marks, a specialist in chronic diseases from the Centers for Disease Control, was in Vermont to talk with doctors, legislators and policy makers about the seriousness of the epidemic of obesity that has developed in this country. Dr. Marks presented some alarming statistics about the magnitude of the problem. In the last 15 years the rate of obesity among children has doubled. This has had a measurable impact on children's health already. Children represent fully one-third of all new cases of Type II diabetes (what used to be called adult-onset diabetes), a form of diabetes closely linked to obesity. Moreover, the leading causes of death today including heart disease, cancer, and stroke, are all linked to risk factors we can control including smoking, nutrition, and physical activity.

One of the points that Dr. Marks made is a message for food service personnel in schools and day cares: we must broaden our view of who is part of the "health community" and therefore have roles to play in addressing these issues. No single segment of society will fix the problem or change these trends.

In 1992 when USDA launched Team Nutrition they emphasized the need for adults to provide the opportunities and the supports for children to learn and practice healthy behaviors. They recognized that the school food service program cannot do the job alone. Team Nutrition uses three strategies to improve children's eating behaviors:

1. training and technical assistance for Child Nutrition food program professionals to help them plan and prepare healthy meals;
2. creative nutrition education for children and families so children will have the skills, motivation and support for making healthy eating choices; and
3. support for healthy eating and physical activity from school administrators, educators and other school and community partners.

In the next several newsletters there will be more information about creating healthy nutrition environments, finding allies, developing plans for change, and involving young people, as well as the adults who care for them, in this critical campaign. We are counting on you in helping to Reverse the Trend.

— Jo Busha, State Director

► *Spotlight on Youth*

Not so many years ago, malnutrition implied hunger and/or nutrient deficiencies. Today, malnutrition also includes consumption patterns that result in overweight and obesity; increased risk of chronic health problems such as diabetes, cardiovascular disease, and hypertension; and osteoporosis.

Poor Eating Habits

While it is not impossible to change eating habits later in life, establishing healthy eating habits and positive attitudes about food at a young age helps children grow, develop, and do well in school. It can help prevent childhood and adolescent health problems as well as health problems later in life. Unfortunately, many young people in the United States are not following the recommendations of the Food Guide Pyramid and do not meet the RDA (Recommended Dietary Allowances) for key nutrients. Some suffer from eating disorders and it is not uncommon for teens to skip meals. Some statistics appear in the sidebar on this page.

Food Insecurity

On the flip side are those who cope with a lack of food or an inconsistent supply of food. A survey conducted by the U.S. Bureau of the Census found that during the 12 months ending in August 1998, about 10.5 million U.S. households did not have enough food to fully meet basic needs at all times. (This number equals about 10.2 percent of all households.) Among the households that were “food insecure,” about 3.7 million reached a level of severity great enough that one or more household members had experienced hunger due to inadequate resources. Some 3.4 million children lived in such households.

Another nationwide survey found that “food insufficiency” is not limited to persons of low income, specific racial/ethnic groups, or certain family types. The survey found that more than half of food insufficient individuals lived in families where the family head was employed.

Eating Habits of Young People

- Young people ages 6-17 eat too much fat (64% eat too much total fat; 68% eat too much saturated fat).
- Only 18% of young people ages 6-17 eat five servings of fruits and vegetables a day (excluding fried potatoes and chips).
- Only 88% of boys and 79% of girls, ages 2-8, meet dietary recommendations for calcium. Juice and juice drinks are being provided to young children in place of water and milk.
- Only 13.5% of girls and 36.3% of boys age 12-19 in the U.S. meet the recommendations for calcium intake. Teenagers today drink twice as much carbonated soda as milk.
- Children of all ages consume too much sodium.
- A 1997 survey indicated that 13% of female high school students induced vomiting after meals or used laxatives or diet pills to control their weight.
- About 3% of adolescent and young adult females suffer from eating disorders characterized by severe disturbances in eating behavior.
- About 12% of students report skipping breakfast.



Physical Inactivity

Regular physical activity helps build and maintain healthy bones and muscles. It can help control weight, and it can help promote psychological well being. Despite these benefits, physical inactivity is common among all ages. According to the Centers for Disease Control, poor diet and physical inactivity together account for at least 300,000 deaths among adults in the U.S. each year. (Only tobacco use contributes to more preventable deaths.) Long-term physical inactivity also increases the risk of dying prematurely.

In general, younger children are more physically active than older children, adults are less active than children, and females are less active than males. Some specific information on physical activity among young people is included in the sidebar on this page.

The Impact

Diet-related health problems not only have a “human” side, but also place demands on the health care system, driving up costs at a staggering rate. Obesity is becoming epidemic. Osteoporosis is a major public health threat for more than 28 million Americans. Iron deficiency anemia is a threat, especially to children and to teenage females. Learning and behavior suffers when meals are not regular or are insufficient.

Obesity. Obesity accounts for \$70 billion a year in health care costs—about 8 percent of all medical bills. More than 60% of all Americans are now either overweight or obese. The Centers for Disease Control and Prevention reports that 5.3 million of U.S. young people aged 6-17 years are seriously overweight. A recent study in *Pediatrics* reported that more than one fourth of children, aged 5-10, had one or more adverse cardiovascular disease risk factors. And that number rose to 60.6 percent among overweight children of the same age.

Dr. William Klish, who heads the Department of Medicine and is chief of Gastroenterology and Nutrition Service at Texas Children’s Hospital, predicts that if the increase in obesity does not stop, children’s life expectancy may be shorter than their parents. This would be the first time in a century for life expectancy to decrease.

Physical Activity and Young People

- Almost 50% of young people ages 12-21 do not regularly engage in vigorous physical activity.
- Participation in physical activity declines as children get older. For example, regular participation in vigorous physical activity has been reported by 69% of young people ages 12-13 years old, but only by 38% of those ages 18-21.
- In 1999, an average of 56% of high school students were enrolled in a physical education class (79% of ninth graders, but only 37% of twelfth graders).
- The percentage of students who attended a daily physical education class dropped from 42% in 1991 to 29% in 1999.
- Of students enrolled in physical education classes in 1999, 24% reported that they did not exercise for 20 or more minutes in an average physical education class.
- Studies of young persons have found that television watching is directly associated with obesity.



Calcium crisis. Calcium and a number of other nutrients in milk are important for bone formation, growth, and strength. Milk consumption has dropped rapidly over the last 30 years and soft drink and juice intake has increased. Doctors are seeing an increase in the incidence of bone fractures among children and young adults. Pediatricians are reporting seeing rickets again after many years of very low incidence. Rickets is a bone disease resulting from low levels of vitamin D, a nutrient found in fortified milk.

Low intake of calcium also is related to the development of osteoporosis, which literally means “porous bones.” In 2000, the estimated yearly national expenditures to hospitals and nursing homes as a result of osteoporotic fractures were estimated as \$13.8 billion. Because approximately 90 percent of children’s bone mass is established by the age of 17, osteoporosis is sometimes described as a “pediatric disease with geriatric consequences.” By the age of 21 or soon after, calcium is no longer added to bones and a few years later, a steady process of calcium loss begins. Current eating patterns by young people do not paint a rosy picture as far as bone health is concerned.



Iron deficiency. Iron deficiency is one of the most prevalent nutritional problems of children in the United States. Iron deficiency hampers the body’s ability to produce hemoglobin, which is needed to carry oxygen in the blood. This deficiency can increase fatigue, shorten attention span, decrease work capacity, reduce resistance to infection, and impair intellectual performance. Among school-age youths, female adolescents are at greatest risk for iron deficiency.

Learning and achievement. Chronically undernourished children earn lower scores on standardized achievement tests, especially tests of

language ability. They are also more likely than other children to become sick, to miss school, to come to school late, to exhibit behavioral problems (such as hyperactivity and aggression) and emotional problems (such as anxiety), and to fall behind in class. Undernourished students are often irritable, have difficulty concentrating, and have low energy. Even moderate undernutrition can have lasting effects on children’s cognitive development and school performance.

And learning is not only affected by chronic undernourishment. Skipping breakfast, even by children who are normally well nourished, can adversely affect performance in problem-solving tasks.

The nutrition environment includes the food offered, promoted, purchased, and served; the opportunities for physical activity; and the attitudes of adults toward food, nutrition, and physical activity. A healthy nutrition environment is important in all facets of children’s lives: in the home, child care settings, school, and the community.

Whose Job Is It?

Reversing the trends of unhealthy eating habits and decreased physical activity are challenges that must be taken on by parents, child care facilities, schools, and communities. Food security must be widespread, nutrition and physical activity must be taught and supported, children must receive positive messages to help them develop healthy eating and physical activity habits, and children must have a number of opportunities to practice healthy habits.

Everyone from day care providers who encourage children to develop a taste for a wide variety of healthy foods to town planning commissions who sponsor walking paths and exercise trails can impact the environment in which children live and learn. School food service managers who make conscious choices about the nutritional quality of the foods they purchase and serve are part of the solution as are after school program directors who plan vigorous physical activity into the afternoon’s schedule.

The role of parents. Parents are a child's first teachers. Gaining knowledge about nutrition and children's food needs, making healthy foods available to choose from, and providing good role modeling of healthy eating and physical activity habits can all help toward "educating" even very young children about healthy living.

Most of the foods advertised during children's TV programming are high in fat, sugar, or sodium; practically no advertisements are for healthy foods such as fruits and vegetables. Studies have shown that children and adolescents who watch more television are more likely to have unhealthy eating habits and unhealthy conceptions about food, ask their parents to buy foods advertised on television, and eat more fat. These children also get less physical activity. Parents can balance TV watching with other activities and also talk with their children about the foods being advertised. Knowing about nutrition can help children make healthy choices on their own.

Parents can also make an effort to have family meals whenever possible. It has been shown that children who eat more often with their families are more likely to eat the five or more recommended servings of fruits and vegetables each day. These children are also less likely to eat fried foods or drink soda when they are away from home.



The role of child care providers. Many of the same actions parents can take are important for child care providers as well. This includes the opportunity to make personal choices from healthy food options; the opportunity to eat in pleasant and comfortable surroundings; and the opportunity for physical activity that is fun. It will support and reinforce what is being modeled at home.

The role of schools. While schools cannot be responsible for meeting every need of their students, when a need directly affects learning it is in the best interest of the schools to meet the challenge. Children who are hungry, sick, troubled, or depressed cannot function well in the classroom, no matter how good the teacher.

A good breakfast gives children a jump-start on their ability to learn. Serving breakfast on "test days" is a good move. But learning is important every day—it builds on previous knowledge and is the foundation for future learning. Studies of the School Breakfast Program have demonstrated positive effects on school attendance and a reduction in school tardiness, and have shown that children who eat nutritious morning meals perform better academically, show improved behavior, and are physically healthier than children who skip breakfast.

It's important for children to learn healthy lifestyle choices early—to build healthier minds and bodies; and they need to practice the skills to make healthy choices. Well-planned school nutrition



programs can positively influence students' eating habits. Daily scheduled opportunities for physical activity for all students can help them be more alert and concentrate better in the classroom; physical activity can also reduce anxiety and stress and increase self-esteem.

A healthy school nutrition environment gives students consistent, reliable health information—and ample opportunity to use it. For example, in a healthy environment, the classroom, the school dining room, and other school activities provide clear and consistent messages that explain and reinforce healthy eating and physical activity habits. Students learn to make healthy lifestyle choices not only in the classroom and the school dining room, but also at class parties, sports events—wherever they are throughout the school day.

By providing these messages and opportunities, lifestyle choices are being taught not only in class

but by the environment students experience each school day. Students learn what they live.

The role of communities. Communities can help support a positive nutrition environment by providing opportunities for physical activity.

One example is a recreation program that offers a variety of physical activities for people of all ages. Another is providing trails for hiking, biking, walking, snow-shoeing, or cross-country skiing.



Resources

Calcium Crisis Affects American Youth, National Institutes of Health Press Release, 12/10/01.

Changing the Scene: Improving the School Nutrition Environment Kit, USDA in conjunction with several other organizations, 2001.

Fast Facts on Osteoporosis, National Institutes of Health: Osteoporosis and Related Bone Diseases~National Resource Center, 10/00

Fit, Healthy, and Ready to Learn, Part I: Physical Activity, Healthy Eating, and Tobacco Use Prevention, National Association of School Boards or Education, March 2000.

Food and Agricultural Policy, "Nutrition and Food Assistance," United States Department of Agriculture, September 2001

"Nutrition and the Health of Young People Fact Sheet," National Center for Chronic Disease Prevention and Health Promotion, Adolescent and School Health, 12/7/01

"Overnutrition: The new epidemic," *Food and agricultural policy: What lies ahead*, Special report by *Nutrition Week*, November 16, 2001

"Physical Activity and the Health of Young People Fact Sheet," National Center for Chronic Disease Prevention and Health Promotion, Adolescent and School Health, 12/7/01

"Prevalence of Obese Children May Mean Shorter Life Expectancy Than Parents," NewsRx.com February 6, 2002

"Promoting Lifelong Healthy Eating," National Center for Chronic Disease Prevention and Health Promotion, Adolescent and School Health, 12/7/01



➤ Program Improvement Ideas

Try A Rainbow Menu for Health and Appeal

There is an old saying that we eat with our eyes. Meals that are colorful and attractive are obviously more appealing than boring monochrome ones even if those bland colored foods are popular items like chicken nuggets, tater tots, corn, and applesauce. When thinking about nutrition, color is also the winning feature. Brightly colored fruits and vegetables are packed with a wide range of disease-fighting components called “phytochemicals.” Helping children learn to enjoy these foods will go a long way toward building a healthy future for them.

So how can we get kids to eat the healthy foods we offer? Here are three tried and true techniques from Vermont schools that can work at your school or day care setting:

1. Create a Rainbow of Choices

Studies have shown that mice (and there is evidence that people respond the same way) eat more when offered a buffet of food choices than when offered one item. Similarly, when a rainbow of colorful fruit and vegetable choices are available, children are more likely to choose something. To create a Rainbow Menu some of the traditional techniques that you have been using to design menus may have to be altered. The Rainbow Menu is based on fruit and vegetable offerings over a week rather than daily. Even small schools can afford to offer several choices when basing the plan on a week rather than each day. Here is how it works.

- For an easy first step, take a look at an upcoming week’s menu. Take all of the fruits and vegetables that are going to be offered raw, plus all of the canned fruit and think of offering the entire array every day for the week. Vegetables that will be served hot may have to be treated separately.
- Plan a tray of choices that include some of each of the fruits and vegetables that will be served cold. You would use about one-fifth

the normal amount you prepare of each of the items. You could prepare more and have it ready to use if needed, or use it the next day.

Here is an example. Suppose the menu calls for fresh broccoli with dip and a banana on Monday; salad and an apple on Tuesday; baby carrots with dip on Wednesday (the turkey pie contains the rest of the vegetable choices); orange slices on Thursday (mashed potato is the other fruit/veg item) and taco toppings and pineapple on Friday. How would this turn into a Rainbow Menu? Each day the fruit/vegetable tray would contain broccoli florets, baby carrots, small cups of salad, apples, bananas, orange slices and pineapple. Mixing the arrangement of the items on each tray adds to the colorful appearance. On Friday the selection could also contain cups of taco topping and of salsa or these items could be served at the service line. Each day a choice of Ranch dressing for dip and perhaps an other salad dressing would be available. Each student would be allowed to choose 2 items from the tray.

In addition to changing the concept of the menu structure, preparation planning would also change. Instead of cutting up enough oranges for everyone all on one day, the preparation would involve cutting some oranges and some of the other items as well. Items that keep well (in this example it might be the broccoli, for example) could be prepped for the whole week, while other items would need to be made up daily. Not all of the items require much handling. Apples and other fresh fruit, for example, are easy to include because they require no preparation unless you are serving young children who will be able to eat the fruit better if it is cut into slices. This type of preparation may require some adjustments but it does offer the opportunity to attract every student every day.



2. Form a Team Rainbow

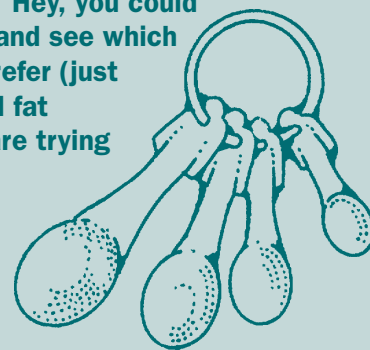
Enlist student support for new fruits and vegetables by involving them in the decision to add items to the menu. Taste tests are a time-tested method to involve students in developing menu changes. Holding tasting sessions requires some planning, but often yields great results. Here's what you can do.



- Suppose you want to offer winter squash as part of your chicken dinner menu. Or maybe you want to find out whether it would make a difference if you purchased tangerines rather than navel oranges. How do you get the students to try the new items? Call on Team Rainbow to test the possible recipes and judge the one they like best.
- Ask each teacher to nominate one or two students to attend a testing panel at some point during the school day. High school-aged students may need to be approached differently to develop a test panel. In day care settings, this method could be modified to involve every child in judging the most popular item. This is often done in the latter part of the afternoon after the lunch clean up is complete. However, to take advantage of the students' appetite it might be better to try in the middle of the morning. Prepare two or three different recipes for squash. Have the team of testers come to the cafeteria and try each item. Make the event special by placing a tablecloth on the table, use colorful paper plates and napkins and make each student feel that his or her opinion is important. Give them a simple form to complete to indicate how they would rank the foods. Or, once everyone has tried the items, you could ask the students a series of questions to find out what they liked or didn't and why. If you do make a selection based on the students' input, it is important to advertise that on future menus so everyone knows that this menu item is kid-approved.

Low Fat Ranch Dressing Kids Love

Making ranch dressing from the packaged powder mix allows you to control the fat content and the quality. Use low fat mayonnaise (or a mixture of low fat mayonnaise and fat free plain yogurt) plus skim milk or butter-milk to make the dressing. Most kids think it is much better than commercial low fat dressing which often is not creamy enough. Hey, you could try a taste test and see which type students prefer (just don't include full fat dressing if you are trying to determine an acceptable alternative!)



3. Sell the Rainbow

Create an atmosphere of expectation that students will include fruits and vegetables in their meals by promoting the idea of "Eating Over The Rainbow." Signage can help (got any old Wizard of Oz posters?) but is not required. The way you set up the service line, the way you present fruits and vegetables and the way you talk to the students as you serve them all help to create an atmosphere where these foods become an expected part of the menu. Be willing to offer a variety of fruits and vegetables to set the tone that says "Try it, you'll like it!"



► Administrative Issues

Double Check Your Claim Forms

We are checking claim forms as they come in and are finding some to be incomplete and some to be completed incorrectly. Many more than previously are being submitted past the 60-day deadline. Here is a list of the major problems and ways to keep us from rejecting a claim.

Issue	Solution
Net cash resources are being omitted.	Complete the Net Cash Resources worksheet included in the <i>Financial Recordkeeping Manual</i> .
Income for breakfast and/or a la carte programs is being reported with no expenses being reported. If there is revenue from programs other than the lunch program, then there are costs attributable to that program.	Use the Food Allocation Factors and Labor Allocation Factors (as explained in the <i>Financial Recordkeeping Manual</i>) to calculate expenses for each program operated during the claim month.
Milk sold to students who bring lunch from home and/or milk sold at snack time is not being considered as a la carte. Revenue and expenses do not appear appropriately on the Claim for Reimbursement form.	Any items sold that are not part of a reimbursable meal are considered a la carte items. This includes money from snack milk, juice, milk sold to students who bring their lunches, and extra milk sold to students who receive a reimbursable meal. Revenue from these sales should be reported as a la carte revenue on the Claim for Reimbursement form. A la carte expenses are calculated using the appropriate allocation factors (as explained in the <i>Financial Recordkeeping Manual</i>).
More free and/or reduced price meals are being claimed than there are eligible students.	Be sure to report the maximum number of students eligible during the claim month. This may or may not be the same as the number eligible on the last day of the claim month. Before submitting the claim, divide the total free meals by the number of serving days. If that number is larger than the number of free eligible students for the month, there is a problem somewhere in your meal counting system or in consolidating your meal counts. This needs to be corrected before submitting the claim.
Claim for Reimbursement forms are not being submitted within the 60-day deadline.	SFAs have 60 calendar days from the end of the claim month to mail the Claim for Reimbursement form. If the postmark date is later than the 60 days, the claim cannot be paid. An exception can be granted once every three years when there are extenuating circumstances. The school must request an exception in writing.



► Bulletin Board

Where's Cindy?

If you have called recently, you probably have noticed that it's not Cindy answering the phone! Kevin Diffily is filling in while Cindy is on loan to the Commissioner's Office as part of his newly formed transition team.

Equipment Grant Deadline

Don't forget to get your equipment grant application in by April 5. No forms will be accepted after 4:30 p.m. on that day.

Helpful Resources for Changing the Nutrition Environment

- USDA has the "Changing the Scene" toolkit (<http://www.fns.usda.gov/tn/Healthy/changing.html>), which provides step-by-step suggestions for achieving a school-wide healthy nutrition environment.
- The National Association of State Boards of Education (www.NASBE.org) has, "Fit, Healthy and Ready to Learn," which offers a broad spectrum of school board policies addressing children's health issues.
- The Centers for Disease Control and Prevention offers the "Healthy School Index," (<http://www.cdc.gov/nccdphp/dash/SHI/index.htm>) a comprehensive self-assessment for schools to evaluate their effectiveness in nurturing healthy life choices for children.

Claim Deadlines

Claim Month	60-day Deadline
August	October 30
September	November 29
October	December 30
November	January 29
December	March 1 (Leap Year, Feb. 29)
January	April 1 (Leap Year, March 31)
February	April 29
March	May 30
April	June 29
May	July 30
June	August 29
July	September 29

Save the Dates!
Summer Institute this year
will be the week of August
19-23! Stay tuned for
more information!

Help Wanted

Person to work full-time for 8-10 weeks during the summer. Will conduct program reviews for the Summer Food Service Program and the Child and Adult Care Food Program. Requires travel throughout the state. Must have reliable transportation. Hourly rate plus mileage reimbursement. For more information contact Jo Busha at 828-5154.

www.state.vt.us/educ/nutrition

At our Nutrition Fairs last November, we introduced our new web site. Please stop by and visit!

► *Calendar of Events*

May 2, 2002

CACFP & SFSP Annual Conference: Moving in the Right Direction

9:30 a.m. – 3:30 p.m.

Killington Mountain Resort, Killington

Sponsored by VT Department of Education, Child Nutrition Programs

August 19-23, 2002

Summer Institute

Location to be announced

Sponsored by VT Department of Education, Child Nutrition Programs

October 24-25, 2002

ANNUAL FALL CONFERENCE

Killington Mountain Resort, Killington

Sponsored by VT Department of Education and Vermont School Food Service Association

*Please share this newsletter
with others: School Nurse, Guidance,
EST Coordinator*

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